



**STATE PUBLIC ASSISTANCE OFFICE**

**DISASTER COST DOCUMENTATION**

**PACKAGE**





**SUBJECT:** Documentation of Disaster-Related Costs

**TO:** Potential Disaster/Emergency Applicants for Federal & State Assistance

1. The Presidential Disaster/Emergency Declaration received or anticipated by the State of New Jersey provides you with the opportunity to recover a significant portion of the cost of damages to your public infrastructure (roads, bridges, buildings, schools, utilities, recreational facilities etc.) and for the extraordinary costs associated with **Debris Removal** and the conduct of **Emergency Protective Measures** during the disaster event.
2. You have been provided a basic description of the public Assistance Grant Program, which will assist you in recovering from the effects of the recent disaster/emergency event. Your handout material includes the Public Assistance Guide (FEMA 322). The Public Assistance Applicant's Handbook (FEMA 323), which contain comprehensive, easy to follow instructions for generating your disaster claims, is available on line at [www.fema.gov/rrr/pa/padocs.htm](http://www.fema.gov/rrr/pa/padocs.htm).
3. A key first step in this process is the prompt and accurate documentation of all eligible costs you incurred as a direct result of the disaster event. The labor performed by your work force (police, public works, health, fire, emergency management, etc.) is defined as "Force Account Labor." as opposed to work done by contract. Labor rates include actual wages plus fringe benefits paid or credited. You are also eligible for the costs of equipment, materials, rentals and work done by contract.
4. You need to begin now to document and certify your costs utilizing this packet of information and application forms. We suggest that your business manager, personnel office, payroll department and supervisor collaborate to make this information available to Federal and State disaster officials as quickly as possible.
5. This packet begins with an explanation of the basic public assistance categories of damage. It contains all the forms you will need to begin the documentation process. There is an instruction sheet for each form, and a filled out example of each category.
6. Questions should be directed to your FEMA Public Assistance Coordinator at the Disaster Field Office, or the State Public Assistance Office Staff.
7. Additional copies of all forms are available for downloading or printing from the FEMA website at [www.fema.gov/rrr/pa/appfrm1.htm](http://www.fema.gov/rrr/pa/appfrm1.htm).



# **Public Assistance Grant**

## **Categories of Work**

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### **◆ Emergency Work**

**Category A - Debris Removal**

**Category B - Emergency Protective Measures**

### **◆ Permanent Work**

**Category C - Road Systems**

**Category D - Water Control Facilities**

**Category E - Buildings/Vehicles/Equipment**

**Category F - Public Utilities**

**Category G - Recreational Areas, Beaches,  
Parks, Other**



# **Debris Removal**

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- ◆ **Eliminate immediate threat to lives, health & safety**
- ◆ **Eliminate immediate threat to improved property**
- ◆ **Ensure economic recovery of community**
- ◆ **Examples include sand on streets, downed trees, collapsed structures, debris from flooded homes.**

# **Emergency Protective Measures**

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- ◆ **Search and Rescue**
- ◆ **Emergency Medical Care**
- ◆ **Mass Care & Shelter**
- ◆ **Security/Warning/Barricades**
- ◆ **Provision of Food/Water/Medicine**
- ◆ **Provision of Temporary Facilities**
- ◆ **Activation of EOC**
- ◆ **Demolition of Structures**
- ◆ **Removal of Health and Safety Hazards**
- ◆ **Construction of Emergency Protection (Dunes)**
- ◆ **Emergency Access**

# **Removal of Health & Safety Hazards**

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- ◆ **Disposal of dead animals**
- ◆ **Pumping of trapped floodwaters**
- ◆ **Pumping of flooded basements only if widespread need exists in the community**
- ◆ **Pumping septic tanks and well decontamination only if widespread pollution exists in the community**
- ◆ **Vector control if serious hazard**



# **Permanent Work**

## **Categories C through G**

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**That restorative work that must be performed through repairs or replacement, to restore an eligible facility on the basis of its predisaster design and current applicable standards. Would include modifications to comply with Americans with Disabilities Act or other recent code changes.**

# **Category C - Roads & Bridges**

- ◆ **Roads and Streets**
- ◆ **Bridges**
- ◆ **Culverts and Low Water Crossings**
- ◆ **Sidewalks**
- ◆ **Curbs and Gutters**
- ◆ **Traffic Lights and Control Signs**
- ◆ **Guardrails**

# **Category D - Water Control Facilities**

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- ◆ **Dams**
- ◆ **Levees**
- ◆ **Canals**
- ◆ **Jetties & Breakwaters**
- ◆ **Debris Catch Basins**
- ◆ **Diversion Structures**
- ◆ **Drop Structures**

# **Category E - Buildings and Equipment**

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- ◆ **Buildings**
- ◆ **Furnishings and Equipment**
- ◆ **Inventory**
- ◆ **Consumable Supplies**
- ◆ **Service Equipment**
- ◆ **Vehicles**

# **Category F - Utilities**

- ◆ **Storm and Sanitary Sewers**
- ◆ **Water Lines**
- ◆ **Solid Waste Disposal**
- ◆ **Power Generation, Transmission  
and Distribution Systems**
- ◆ **Telephone Systems**
- ◆ **Lift Stations and Pump Stations**

# **Category G - Recreation & Other**

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- ◆ **Playgrounds, Stadiums, Ball fields**
- ◆ **Swimming Pools**
- ◆ **Boat Docks and Piers**
- ◆ **Bath Houses & Restrooms**
- ◆ **Tennis Courts**
- ◆ **Picnic Tables & Grills**
- ◆ **Golf Courses**
- ◆ **Man-made Engineered & Maintained**  
**Beaches**

**State of New Jersey**

**NJOEM**

**Public Assistance Office**

**Disaster Documentation Package**

**For Public Assistance Grants**

**“THE BUCK STARTS HERE!”**





**FEDERAL EMERGENCY MANAGEMENT AGENCY  
REQUEST FOR PUBLIC ASSISTANCE**

O.M.B. No. 3067-0151  
Expires April 30, 2001

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

APPLICANT (Political subdivision or eligible applicant.)

DATE SUBMITTED

COUNTY (Location of Damages. If located in multiple counties, please indicate.)

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

**MAILING ADDRESS (If different from Physical Location)**

STREET ADDRESS

POST OFFICE BOX

CITY

STATE

ZIP CODE

**Primary Contact/Applicant's Authorized Agent**

**Alternate Contact**

NAME

NAME

TITLE

TITLE

BUSINESS PHONE

BUSINESS PHONE

FAX NUMBER

FAX NUMBER

HOME PHONE (Optional)

HOME PHONE (Optional)

CELL PHONE

CELL PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS

PAGER & PIN NUMBER

PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?

☐ Yes ☐ No

Private Non-Profit Organization? ☐ Yes ☐ No

If yes, which of the facilities below best describe your organization?

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA

DR

FIS

Date Received:

FEDERAL EMERGENCY MANAGEMENT AGENCY  
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151  
Expires April 30, 2001

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APPLICANT (Political subdivision or eligible applicant.)  
**EAST PARADISE TOWNSHIP**

DATE SUBMITTED  
**01/25/01**

COUNTY (Location of Damages. If located in multiple counties, please indicate.)  
**GOSHEN COUNTY**

APPLICANT PHYSICAL LOCATION

STREET ADDRESS  
**24 MUNICIPAL DRIVE**

CITY  
**EAST PARADISE**

COUNTY  
**GOSHEN**

STATE  
**NJ**

ZIP CODE  
**08594**

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX

CITY

STATE

ZIP CODE

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME  
**OSCAR BOCK**

NAME  
**EDGAR SPRIEL JR.**

TITLE  
**SUPERVISOR, DEPT OF PUBLIC WORKS**

TITLE  
**DEPUTY TOWNSHIP MANAGER**

BUSINESS PHONE  
**(856) 408-2000 EXT 318**

BUSINESS PHONE  
**(856) 408-2000 EXT 302**

FAX NUMBER  
**(856) 408 2500**

FAX NUMBER  
**(856) 408-2510**

HOME PHONE (Optional)  
**(856) 408-3190**

HOME PHONE (Optional)  
**(609) 941-8377**

CELL PHONE  
**(856) 207-3314**

CELL PHONE  
**(856) 207 3307**

E-MAIL ADDRESS  
**OSCARBOCK@EPARADISE.ORG**

E-MAIL ADDRESS  
**ESPRIEL@EPARADISE.ORG**

PAGER & PIN NUMBER  
**1-800 777-0515 PIN 8840193**

PAGER & PIN NUMBER  
**N/A**

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? ☒ Yes ☐ No

Private Non-Profit Organization? ☐ Yes ☒ No

If yes, which of the facilities below best describe your organization?

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA- DR- FIPS # Date Received:

## PROJECT WORKSHEET INSTRUCTIONS

The Project Worksheet must be completed for each identified damaged project. A project may include damages more than one site.

After completing all Project Worksheets, submit the worksheets to your Public Assistance Coordinator.

### Identifying Information

**Disaster:** Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).

**Project No.:** Indicate the project designation number you established to track the project in your system (i.e. 1,2,3, etc.).

**PA ID No.:** Indicate your Public Assistance identification number on this space. This is optional.

**Date:** Indicate the date the worksheet was prepared in MM/DD/YY format.

**Category:** Indicate the category of the project according to FEMA specified work categories (i.e., A,B,C,D,E,F,G). This is optional.

**Applicant:** Name of the government or other legal entity to which the funds will be awarded.

**County:** Name of the county where the damaged facility is located. If located in multiple counties, indicate "Multi-County."

**Damage facility:** Identify the facility and describe its basic function and pre-disaster condition.

**Work Complete as of:** Indicate the date the work was assessed in the format of MM/DD/YY and the percentage of work completed to that date.

**Location:** This item can range anywhere from an "address," "intersection of...", "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

**Damage Description and Dimensions:** Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

**Scope of Work:** List work that has been completed, and work to be completed, which, is necessary to repair disaster-related damage.

**Does the Scope of Work change the pre-disaster conditions of the site:** If the work described under the Scope of Work changes the site conditions (i.e. increases/decreases the size or function of the facility or does not replace damage components in kind with like materials), check (x) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (x) no.

**Special Considerations:** If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (x) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Handbook* for further information.

**Hazard Mitigation:** If the pre-disaster conditions at the site can be changed to prevent or reduce the disaster-related damage, check (x) Yes. If no opportunities for hazard mitigation exist check (x) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.

**Is there insurance coverage on this facility:** Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages from insurance or any other source. Check (x) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

### Project Cost

**Item:** Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

**Code:** If using the FEMA cost codes, place the appropriate number here.

**Narrative:** Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. RCP", "sheet rock replacement", etc.).

**Quantity/Unit:** List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

**Unit Price:** Indicate the price per unit.

**Cost:** This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

**Total Cost:** Record total cost of the project.

**Prepared By:** Record the name, title, and signature of the person completing the Project Worksheet.

**Applicant Rep.:** Record the name, title, and signature of Applicant's representative.

### Records Requirements

Please review the *Applicant Handbook*, *FEMA 323* for detailed instructions and examples.

For all completed work, the applicant must keep the following records:

- \*Force account labor documentation sheets identifying the employee, hours worked, date and location;
- \*Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- \*Material documentation sheets identifying the type of material, quantity used and cost;
- \*Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/estimate" for which funding is being requested.

O.M.B. No. 1660-0017  
Expires October 31, 2008

Public reporting burden for this form is estimated to average 90 minutes per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right corner of this form. **NOTE: Do not send your completed questionnaire to this address.**

DISASTER	PROJECT NO.	PA ID NO.	DATE	CATEGORY
FEMA-_____-DR-____				

DAMAGED FACILITY	WORK COMPLETE AS OF
	_____ : _____ %

APPLICANT	COUNTY
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LOCATION	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS	

SCOPE OF WORK

Does the Scope of Work change the pre-disaster conditions at the site? ☐ Yes ☐ No

Special Considerations issues included? ☐ Yes ☐ No Hazard Mitigation proposal included? ☐ Yes ☐ No

Is there insurance coverage on this facility? ☐ Yes ☐ No

[illegible]

		TOTAL COST ▶	
PREPARED BY	TITLE	SIGNATURE	
APPLICANT REP.	TITLE	SIGNATURE	

O.M.B. No. 3067-0151  
Expires April 30, 2001

[illegible]

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**PROJECT WORKSHEET – Maps and Sketches Sheet**

O.M.B. No. 3067-0151  
Expires April 30, 2001

DECLARATION NO.

PROJECT NO.

FIPS NO.

DATE

CATEGORY

FEMA- \_\_\_\_-DR- \_\_\_\_

APPLICANT

COUNTY

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
SPECIAL CONSIDERATIONS QUESTIONS**

1. APPLICANT'S NAME	2. FIPS NUMBER	3. DATE
4. PROJECT NAME	5. LOCATION	

**Form must be filled out—for each project.**

1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		
9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Comments _____
_____		

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PNP FACILITY QUESTIONNAIRE**

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

Name of PNP Organization: \_\_\_\_\_

Name of the damaged facility and location: \_\_\_\_\_  
\_\_\_\_\_

What is the primary purpose of the damaged facility? \_\_\_\_\_

Who may use this facility? \_\_\_\_\_

What fee, if any, is charged for the use of the facility? \_\_\_\_\_

Was the facility in use at the time of the disaster? ☐ Yes ☐ No

Did the facility sustain damage as a direct result of the disaster? ☐ Yes ☐ No

What type of assistance is being requested? \_\_\_\_\_

Does the PNP organization own the facility? ☐ Yes ☐ No

If "Yes," obtain proof of ownership; check here if attached. ☐

If "No," do they lease / rent the facility? ☐ Yes ☐ No

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached. ☐

Are the repairs of this facility the legal responsibility of the organization? ☐ Yes ☐ No

Is the facility insured? ☐ Yes ☐ No

If "Yes," obtain a copy of the insurance policy; check here if attached. ☐

Additional information or comments:

Name of contact person

Phone number



## PROJECT WORKSHEET

Expires April 30, 2001

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address.

DECLARATION NO. FEMA-0842-DR-NJ	PROJECT NO. 000	FIPS NO. 000-00000-00	DATE 9-2-00	CATEGORY B
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DAMAGED FACILITY Gabion Lined Stream Banks	WORK COMPLETE AS OF: 9-2-00 0 %
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APPLICANT Some Twsp.	COUNTY Welcome
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LOCATION Rear of 1209 Iroquois Rd.	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS Floodwaters generated by hurricane Percival damaged a gabion lined stream in the rear of 1209 Iroquois Rd. The Twsp. maintains the stream banks and has an easement.
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SCOPE OF WORK Restore an estimated 200 cy of fill. Remove approximately 75 cy of damaged gabions. Replace approximately 100 cy of gabions. Remove approximately 115 cy of debris in waterway.
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Does the Scope of Work change the pre-disaster conditions at the site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Special Considerations issues included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hazard Mitigation proposal included	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there insurance coverage on this facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

PROJECT COST					
ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
1	4020	Fill unclassified	200 CY	8. <sup>00</sup>	1600
2	4101	Gabion Basket Removal	75 CY	5. <sup>00</sup>	375
3	4100	Rock & Wire Baskets (Gabions)	100 CY	120. <sup>00</sup>	12000
4	1020	Debris (Waterway Structures)	115 CY	17. <sup>00</sup>	1955
TOTAL COST					15,930

PREPARED BY: Robert E. Lee	Inspector
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## **Appendix D**

### **Applicant Record-Keeping Forms and Instructions**

#### **GENERAL**

It is essential that you accurately document the expenses incurred in disaster response and recovery. Accurate documentation will help you to:

- Recover all of your eligible costs.
- Have the information necessary to develop your disaster projects.
- Have the information available, which the State and FEMA will need to see, to validate the accuracy of your small projects.
- Be ready for any State or Federal audits or other program or financial reviews.

There are many ways to maintain documentation of your records. What's important is that you have the necessary information readily available and that all this information is in a usable format. Your records must be compiled under the Project Number as shown on FEMA's *Project Worksheet*. The Project Number will be given to you by the PAC.

A set of five summary records has been developed to assist you in organizing your project documentation. These forms are optional. If you already have a system you want to use, you may do so, if it shows the information outlined above.

The summary records are:

1. Force Account Labor Summary Record—used to record your personnel costs.
2. Force Account Equipment Summary Record—used to record your equipment use costs.

3. Materials Summary Record—used to record the supplies and materials that you take out of stock or purchase.
4. Rented Equipment Summary Record—used to record the costs of rented or leased equipment.
5. Contract Work Summary Record—used to record the costs or work that you have done by contract.

Also included in this section:

- Applicant's Benefits Calculation Worksheet – used to record employees' fringe benefits.

All forms are available for downloading or printing from FEMA's website located at [www.fema.gov/r-n-r/pa/appfrm1.htm](http://www.fema.gov/r-n-r/pa/appfrm1.htm).

## Force Account Labor Summary Record Instructions

Force account is the term to refer to your own personnel and equipment. Keep the following points in mind when compiling force account labor information:

- Record regular and overtime hours separately.
- Record the benefits separately for regular and overtime hours. Most overtime hours include fewer benefits than regular hours.
- Attach a Applicant's Benefit Calculation Worksheet giving a breakdown of what is included in your benefits, by percentages, e.g., social security—15.2%, worker's compensation—4.3%, insurance—18.5%, etc. You can use an average rate if you have different benefit rates for different employees.

### Complete the Record as Follows

1. **Applicant:** Enter your organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to your organization. Your Public Assistance Coordinator can tell you what it is if you don't know it.
3. **PW #:** Enter the project number that you have assigned to this project. If you know the project number assigned by FEMA, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The Public Assistance Coordinator can tell you what it is if you don't know it.
5. **Location/site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of work performed:** Briefly describe the type of work that was performed.

- **Name:** Enter the names of each employee who worked on the project.
- **Title:** Enter the title or occupation of each employee who worked on the project.
- **REG:** Enter the regular hours that each employee worked on the project.
- **OT:** Enter overtime hours that each employee worked on the project. **REMINDER: Only overtime is eligible for reimbursement for emergency work. Record both regular and overtime hours, so that personnel hours can be compared with equipment use hours, if necessary.**
- **Total HR:** Total the hours for each employee and enter the result in this block.
- **Hourly Rate:** Enter each employee's hourly rate.
- **Benefit Rate/Hr:** Enter each employee's hourly benefit rate. There should be different percentages for benefits pertaining to regular and overtime wages.
- **Total Hourly:** Add the employee's hourly rate in the Rate/Hr block and the hourly benefits rate in the Benefits/Hr block and enter the result here.
- **Total Costs:** Multiply the entries in Total Hours and Total Hourly and enter the result here.
- **Total Cost:** Multiply the entries in the Total Hr and Total Rate/Hr blocks and enter the result here.
- **Total Cost for Force Account Labor Regular Time:** Add the entries in the Total Cost, REG block for each employee and enter the results here.

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Page of

of

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to

8.	DESCRIPTION OF WORK PERFORMED

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
JOB TITLE	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.								\$	/	\$	\$
JOB TITLE	O.T.								\$	/	\$	\$
NAME	REG.								\$	/	\$	\$
JOB TITLE-	O.T.								\$	/	\$	\$
NAME	REG.								\$	/	\$	\$
JOB TITLE	O.T.								\$	/	\$	\$
NAME	REG.								\$	/	\$	\$
JOB TITLE	O.T.								\$	/	\$	\$
NAME	REG.								\$	/	\$	\$
JOB TITLE	O.T.								\$	/	\$	\$
NAME	REG.								\$	/	\$	\$
JOB TITLE	O.T.								\$	/	\$	\$
<div> <div>Total Cost for Force Account Labor Regular Time</div> <div></div> </div>												
<div> <div>Total Cost for Force Account Labor Overtime</div> <div></div> </div>												

**I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.**

CERTIFIED	TITLE	DATE

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT LABOR SUMMARY RECORD**

Page 1 of 10

1. APPLICANT <u>Some Twp</u>	2. PAID <u>000-00000-00</u>	3. PW # <u>000</u>	4. DISASTER NUMBER <u>0842</u>
5. LOCATION/SITE <u>Some Twp - Twp wide</u>		6. CATEGORY <u>A</u>	7. PERIOD COVERING <u>12/11 to 12/17/92</u>

8. DESCRIPTION OF WORK PERFORMED		COSTS												
Debris Removal - Truss wide		DATES AND HOURS WORKED EACH WEEK												
NAME	JOB TITLE	DATE	12/11	12/12	12/13	12/14	12/15	12/16	12/17	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
J. Stewart		REG.				8	8	8	8	32	\$ 7.69	3.201	\$ 10.89	\$ 348.48
	Laborer	O.T.	3							3	\$ 11.54	.881	\$ 12.42	\$ 37.26
Wm Shakespeare		REG.				8	8	8	8	32	\$ 7.69	3.201	\$ 10.89	\$ 348.48
	Laborer	O.T.									\$ 11.54	.881	\$ 12.42	\$
J. Caesar		REG.	8				8	8	8	32	\$ 15.81	6.581	\$ 22.39	\$ 716.48
	Truck Driver	O.T.									\$ 23.72	1.811	\$ 25.53	\$
J. Newton		REG.	8					8	8	24	\$ 15.81	6.581	\$ 22.39	\$ 537.36
	Equipment Operator	O.T.									\$ 23.72	1.811	\$ 25.53	\$
		REG.									\$	/	\$	\$
		O.T.									\$	/	\$	\$

Total Cost for Force Account Labor Regular Time	\$ 1950.80
Total Cost for Force Account Labor Overtime	\$ 37.26

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>Thomas Jefferson</u>	TITLE <u>Applicant's Agent</u>	DATE <u>12-20-92</u>
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## Force Account Equipment Summary Record Instructions

Force account is the term to refer to your own personnel and equipment. Keep the following points in mind when compiling force account labor information:

**Complete the record as follows:**


1. **Applicant:** Enter your organization's name.
  2. **PA ID:** Enter the computer tracking number that FEMA assigns to your organization. Your Public Assistance Coordinator can tell you what it is if you don't know it.
  3. **PW #:** Enter the project number that you have assigned to this project. If you know the project number assigned by FEMA, use that number.
  4. **Disaster Number:** Enter the declaration number for this disaster here. The Public Assistance Coordinator can tell you what it is if you don't know it.
  5. **Location/site:** Enter physical address or location of project.
  6. **Category:** Enter category of work, if known.
  7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
  8. **Description of work performed:** Briefly describe the type of work that was performed.
- **Type of Equipment:** Enter a brief description of the equipment, including the rated horsepower or capacity of the equipment. Be sure to include this information if you also use a trade name or common name to describe the equipment, e.g., Ditch Witch.
  - **FEMA Code:** Enter the FEMA cost code for the equipment.
  - **Operator's Name:** Enter the equipment operator's name.
  - **Date/Hours Used:** Enter the dates and hours the equipment was used on the project.
  - **Total Hours:** Enter total hours equipment was in use.
  - **Equipment Rate:** Enter the hourly cost to use the equipment.
  - **Total Cost:** Multiply the number in the Total Hours block by the number in the Equipment Rate block and enter the result here.
  - **Grand Totals:** Add the numbers in the Total Hours blocks and Total Cost blocks enter the results here.

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Page  of

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
<b>GRAND TOTALS</b> 												\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>	TITLE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>
DATE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>	

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Page 1 of 4

1. APPLICANT <u>Some Twsp</u>	2. PAID <u>000-00000-00</u>	3. PW # <u>000</u>	4. DISASTER NUMBER <u>0842 NJ</u>
5. LOCATION/SITE <u>Debris Removal - Twsp wide</u>		6. CATEGORY <u>A</u>	
7. PERIOD COVERING <u>12/11 to 12/17/92</u>			

8. DESCRIPTION OF WORK PERFORMED  
Debris Removal - Twsp wide

TYPE OF EQUIPMENT	EQUIPMENT CODE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY										COSTS		
			DATE	12/11	12/12	12/13	12/14	12/15	12/16	12/17	TOTAL HOURS	EQUIPMENT RATE	TOTAL COST		
1990 Ford F-350 8 CYL 230 HP	8526	J. Caesar	HOURS	16 1/2	9	9			8	8	50.5	\$ 18.00	\$909.00		
1989 Ford F-700 8 CYL 230 HP	8526	E. Hubble	HOURS		8		8	8	8	8	32	\$ 18.00	\$576.00		
1987 Chev. 120 HP 6 CYL Pick-Up	8521	R. Octo	HOURS	8			8	9	8		33	\$ 7.00	\$231.00		
			HOURS									\$	\$		
			HOURS									\$	\$		
			HOURS									\$	\$		
			HOURS									\$	\$		
GRAND TOTALS											115.5		\$1716.00		

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>Thomas Jefferson</u>	TITLE <u>Applicants Agent</u>
DATE <u>12-20-92</u>	

## Materials Record Summary Instructions

This form is used to record the costs of supplies and materials purchased in response to the disaster or used to repair damages caused by the disaster.

**Complete the record as follows:**

1. **Applicant:** Enter your organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to your organization. Your Public Assistance Coordinator can tell you what it is if you don't know it.
3. **PW #:** Enter the project number that you have assigned to this project. If you know the project number assigned by FEMA, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The Public Assistance Coordinator can tell you what it is if you don't know it.
5. **Location/site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of work performed:** Briefly describe the type of work that was performed.
  - **Vendor:** Enter the name of the supplier if the material was bought specifically as a result of the disaster.
  - **Description:** Enter a brief description of the supplies or materials used or purchased.
  - **Quantity:** Enter amount of material used. (e.g., number, tonnage, etc.)
  - **Date Purchased:** Enter the date on the invoice.
  - **Date Used:** Enter date actually used/installed.
  - **Info from:** Check whether information entered on the form was obtained from actual invoice or if material was taken from stock on hand.
  - **Grand Total:** Add the numbers in the Total Price blocks and enter the result here.

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
MATERIALS SUMMARY RECORD**

Page  of

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE	6. CATEGORY		
7. PERIOD COVERING			to

8. DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
<b>GRAND TOTAL</b>				\$				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
MATERIALS SUMMARY RECORD

Page 1 of 4

1. APPLICANT Some Twp.	2. PAID 000-000000.00	3. PW # 000	4. DISASTER NUMBER 0842
5. LOCATION/SITE Beach @ 4 <sup>th</sup> to 5 <sup>th</sup> Sts.	6. CATEGORY B	7. PERIOD COVERING 12/11 to 12/17/92	

DESCRIPTION OF WORK PERFORMED Dune Restoration								INFO FROM (CHECK ONE)	
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INVOICE	STOCK	
Acme Materials	Granular Fill	1000 CY	\$ 8.00/CY	\$ 8,000	12/11	12/11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>	
GRAND TOTAL				\$ 8,000					

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>Thomas Jefferson</i>	TITLE Applicants Agent	DATE 12-20-92
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## Rented Equipment Summary Record Instructions

This form is used to record the costs of equipment that you had to rent or lease to respond to the disaster or to be used in making repairs to damages caused by the disaster.


**Complete the record as follows:**

1. **Applicant:** Enter your organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to your organization. Your Public Assistance Coordinator can tell you what it is if you don't know it.
3. **PW #:** Enter the project number that you have assigned to this project. If you know the project number assigned by FEMA, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The Public Assistance Coordinator can tell you what it is if you don't know it.
5. **Location/site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of work performed:** Briefly describe the type of work that was performed.
  - **Type of Equipment:** Enter a brief description of the equipment that you leased or rented, including the rated horsepower or capacity of the equipment. Be sure to include this information if you also use a trade name or common name to describe the equipment, e.g., Ditch Witch.
  - **Dates/Hours Used:** Enter the dates and hours the equipment was used on the project.
  - **Rate Per Hour:** Enter the hourly rental or lease cost of the equipment. Indicate if the equipment was rented on a daily, weekly, or monthly rate, instead of an hourly rate. List in appropriate column if operator costs were included.
  - **Total Cost:** Multiply hours Used by Hourly Rate charged and enter total cost here.

- **Vendor:** Enter the name of the company that rented or leased the equipment to you.
- **Invoice No.:** Enter billing invoice number.
- **Date / Amount Paid:** Enter date of payment and amount of check.
- **Check No.:** List check number that was used to pay for equipment rental.
- **Grand Total:** Add the dollar figure from the Amount Paid blocks and enter total here.



FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD							Page	of
1. APPLICANT	2. PAID	3. PW #	4. DISASTER NUMBER					
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to					
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				GRAND TOTAL				
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED		TITLE		DATE				

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD										Page 15 of 25
1. APPLICANT Some Twsp	2. PA ID 000-00000-00	3. PW # 000	4. DISASTER NUMBER 0842							
5. LOCATION/SITE Twsp Wide	6. CATEGORY A	7. PERIOD COVERING 12/11 to 12/17/92								
8. DESCRIPTION OF WORK PERFORMED Debris Removal										
TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.		
		W/OPR	W/OUT OPR							
953 CAT-Track Loader 2.3 CY Bucket	12-11 9 hr		50/hr	\$ 450	Lattimer Equip Co.	9804	1-20-93 \$ 1750.00	1236		
"	12-12 8 hr		50/hr	\$ 400	"	"	\$			
"	12-13 9 hr		50/hr	\$ 450	"	"	\$			
JCB Loadall 1.2 CY Bucket	12-14 9 hr		25/hr	\$ 225	"	"	\$			
	12-17 9 hr		25/hr	\$ 225	"	"	\$			
				\$			\$			
				\$			\$			
				\$			\$			
				\$			\$			
GRAND TOTAL								1750.00		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.										
CERTIFIED	 Thomas Jefferson			TITLE			Applicants Agent			
							DATE	2-15-93		

## Contract Work Summary Record

### Instructions

This form is used to record the costs of contracts that you awarded to respond to the disaster or to make repairs to damages caused by the disaster.

**Complete the record as follows:**

1. **Applicant:** Enter your organization's name.
  2. **PA ID:** Enter the computer tracking number that FEMA assigns to your organization. Your Public Assistance Coordinator can tell you what it is if you don't know it.
  3. **PW #:** Enter the project number that you have assigned to this project. If you know the project number assigned by FEMA, use that number.
  4. **Disaster Number:** Enter the declaration number for this disaster here. The Public Assistance Coordinator can tell you what it is if you don't know it.
  5. **Location/site:** Enter physical address or location of project.
  6. **Category:** Enter category of work, if known.
  7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
  8. **Description of work performed:** Briefly describe the type of work that was performed.
- **Invoice Number:** Enter the invoice number.
  - **Dates Worked:** Enter the dates that contractor work on the project.
  - **Contractor:** Enter the name of the contractor receiving the contract.
  - **Billing/Invoice Number:** Enter invoice or billing number submitted by contractor.
  - **Amount:** Enter the total dollar figure listed on the invoice for that project.
  - **Comments - Scope:** Enter a brief description of the work the contractor performed and/or other pertinent comments.
  - **Grand Total (includes contract labor):** Add the numbers in the Amount column and enter the result here.
  - **Vendor:** Enter the name of the company that rented or leased the equipment to you.
  - **Invoice No.:** Enter billing invoice number.
  - **Date / Amount Paid:** Enter date of payment and amount of check.
  - **Check No.:** List check number that was used to pay for equipment rental.
  - **Grand Total:** Add the dollar figure from the Amount Paid blocks and enter total here.

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
CONTRACT WORK SUMMARY RECORD**

Page  of

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS--SCOPE
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
<b>GRAND TOTAL</b>				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	
CERTIFIED	DATE

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
CONTRACT WORK SUMMARY RECORD**

Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT <b>Some Twp.</b>	2. PA ID <b>000-63000-00</b>	3. PW # <b>000</b>	4. DISASTER NUMBER <b>0842</b>
5. LOCATION/SITE <b>Madison Ave to Oriental Ave</b>		6. CATEGORY <b>G</b>	7. PERIOD COVERING <b>1-2 to 3-31-92</b>

8. DESCRIPTION OF WORK PERFORMED  
**Restoration of Boardwalk**

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS—SCOPE
1-2 to 3-31-92	Lattimore & Son	AGM951	\$ 120,000	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
<b>GRAND TOTAL</b>			<b>\$ 120,000</b>	

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>Thomas Jefferson</i>	DATE <b>4-20-93</b>
TITLE <b>Applicants Agent</b>	

## **Applicant's Benefits Calculation Worksheet**

### **Benefits Calculation**

Fringe benefits for force account labor is eligible. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time.

The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary. Note that items and percentages will vary from one entity to another.

1. The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day). This does not include holidays and vacations.
2. Determine the employee's basic hourly pay rate (annual salary/2080 hours).
3. Fringe benefit percentage for vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 (80 hours (2 weeks)/2080 = 3.85%).
4. Fringe benefit percentage for paid holidays: Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 = 3.07%).
5. Retirement pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
6. Social Security and Unemployment Insurance: Both are standard percentages of salary.
7. Insurance: this benefit varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2.
8. Workman's Compensation: this benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per \$100 to determine the correct percentage.

Note: Typically, you should not be charging the same rate for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however, some entities may charge retirement tax on all income.

**Sample Rates**

Although some rates may differ greatly between organizations due to their particular experiences, the table below provides some general guidelines that can be used as a reasonableness test to review submitted claims. These rates are based on experience in developing fringe rates for several State departments, the default rate is that used for the state of Florida, following Hurricane Andrew (August 1992), and the review of several FEMA claims. The rates presented are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

***Paid Fringe Benefits***

HCA Matching	7.65%	(or slightly less)
Retirement – Regular	17.00%	(or less)
Retirement – Special Risk	25.00%	(or slightly more)
Health Insurance	12.00%	(or less)
Life & Disability Insurance	1.00%	(or less)
Worker's Compensation	3.00%	(or less)
Unemployment Insurance	0.25%	(or less)

***Leave Fringe Benefits***

Accrued Annual Leave	7.00%	(or less)
Sick Leave	4.00%	(or less)
Administrative Leave	0.50%	(or less)
Holiday Leave	4.00%	(or less)
Compensatory Leave	2.00%	(or less)

Rates outside of these ranges are possible, but should be justified during the validation process

<b>FEDERAL EMERGENCY MANAGEMENT AGENCY          APPLICANT'S BENEFITS CALCULATION          WORKSHEET</b>		PAGE _____ OF _____
1. APPLICANT _____		2. PAID _____
3. DISASTER NUMBER _____		4. PW # _____

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
<b>TOTAL in % of annual salary</b>		

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED BY _____	TITLE _____	DATE _____
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